

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 578850

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL IND.	2	↓		↓		↓	
TOTAL DEP.	25	←		←		←	
TOTAL CLAIMS	27	↓	↓	↓	↓	↓	↓

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT		
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100							
TOTAL IND.					↓		
TOTAL DEP.					←		←
TOTAL CLAIMS							